



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
McLaren Health Plan Community

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. (Street and Number)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Mail Address	G3245 Beecher Rd. (Street and Number or P.O. Box)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Rachel L. Hairston (Name)		(810)733-9678 (Area Code)(Telephone Number)(Extension)			
	rachel.hairston@mclaren.org (E-Mail Address)		(810)600-7947 (Fax Number)			

OFFICERS

Name	Title
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary
Rachel Hairston	Assistant Treasurer / VP, Finance
Dennis Perry, MD	Chief Medical Officer
Cheryl Diehl	Assistant Secretary
Kevin Tompkins	Chairman
Rick Buxton	Assistant Treasurer
	#

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

Nancy Jenkins	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Nancy Jenkins	Cheryl Diehl	Rachel Hairston
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Assistant Secretary	Assistant Treasurer / VP, Finance
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
day of , 2022

- a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	38,842	14,101	15,723	78,283	78,283	68,666
Group Subscribers:						
State of Michigan	912,837					912,837
Orchard Lake Investment Associates LLC	23,720	33,020	34,102			90,842
Lapeer Plating & Plastics	39,090					39,090
Midwest Bus Corporation	37,734					37,734
Chocola Cleaning Materials	18,695					18,695
Value Center Market	12,531					12,531
YMCA	12,173					12,173
0299997 Subtotal - Group Subscribers:	1,056,780	33,020	34,102			1,123,902
0299998 Premiums due and unpaid not individually listed	48,181	4,675				52,856
0299999 TOTAL Group	1,104,961	37,695	34,102			1,176,758
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,143,803	51,796	49,825	78,283	78,283	1,245,424

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
EW Sparrow Hospital	144,666					144,666
Glendale Neurological Assoc PC	10,801					10,801
Henry Ford Hospital - Detroit	12,980					12,980
McLaren Flint Hospital	11,939					11,939
McLaren Greater Lansing Hospital	23,573					23,573
Northern Michigan Surgical Suites L	14,459					14,459
Southeast Michigan Surgical Hospita	18,953					18,953
University of Michigan	101,260				39,403	140,663
0199999 Total - Individually Listed Claims Unpaid	338,631				39,403	378,034
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,410,596	71,273	16,949	2,219	113,086	2,614,123
0499999 Subtotals	2,749,227	71,273	16,949	2,219	152,489	2,992,157
0599999 Unreported claims and other claim reserves						7,867,512
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						10,859,669
0899999 Accrued Medical Incentive Pool and Bonus Amounts						300,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
McLaren Health Plan	107,980					107,980	
Health Advantage	85,211					85,211	
McLaren Flint	259			63	63	196	63
MDwise	3,876	28,521				32,397	
0199999 Total - Individually listed receivables	197,327	28,521		63	63	225,785	63
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	197,327	28,521		63	63	225,785	63

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
McLaren Health Plan	Professional Services	387,856	387,856	
Health Advantage	Professional Services	585	585	
Karmanos Cancer Institute	Professional Services	681	681	
0199999 Total - Individually Listed Payables	X X X	389,123	389,123	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	389,123	389,123	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 2em; font-weight: bold;">N O N E</div>					
9999999 TOTALS X X X .....	..... X X X .....	..... X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 14217

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	18,347	2,609	15,415	323						
2. First Quarter	18,738	3,854	14,584	300						
3. Second Quarter	18,461	3,940	14,216	305						
4. Third Quarter	18,234	4,053	13,876	305						
5. Current Year	17,944	3,952	13,688	304						
6. Current Year Member Months	221,701	47,308	170,751	3,642						
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	129,280	27,587	99,570	2,123						
8. Non-Physician	22,116	4,719	17,034	363						
9. TOTAL	151,396	32,306	116,604	2,486						
10. Hospital Patient Days Incurred	5,063	1,153	3,352	558						
11. Number of Inpatient Admissions	971	238	691	42						
12. Health Premiums Written (b)	99,536,447	23,749,839	75,163,029	623,579						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	99,536,447	23,749,839	75,163,029	623,579						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	96,670,089	22,016,333	74,033,924	619,832						
18. Amount Incurred for Provision of Health Care Services	98,097,122	22,516,078	74,954,170	626,874						

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 14217

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
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(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940 ...	01/01/2021	PARTNERRE AMER INS CO .....	..... DE .....	..... 238,883	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					..... 238,883	.....
2199999 Total - Accident and Health - Non-Affiliates .....					..... 238,883	.....
2299999 Total - Accident and Health .....					..... 238,883	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					..... 238,883	.....
9999999 Total (Sum of 1199999 and 2299999) .....					..... 238,883	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

33

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835 ...	04-1590940 ...	01/01/2021	PARTNERRE AMER INS CO	DE		SLEL	1,470,924						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,470,924						
1099999 Total - General Account - Authorized - Non-Affiliates							1,470,924						
1199999 Total - General Account - Authorized							1,470,924						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							1,470,924						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							1,470,924						
9999999 Total (Sum of 4599999 and 9099999)							1,470,924						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	1,471	1,762	1,817	2,062	2,029
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	239	115	464	1,007	736
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	47,211,906		47,211,906
2. Accident and health premiums due and unpaid (Line 15)	673,570		673,570
3. Amounts recoverable from reinsurers (Line 16.1)	238,883		238,883
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	980,144		980,144
6. TOTAL Assets (Line 28)	49,104,503		49,104,503
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	10,859,668		10,859,668
8. Accrued medical incentive pool and bonus payments (Line 2)	300,000		300,000
9. Premiums received in advance (Line 8)	1,517,939		1,517,939
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	7,887,102		7,887,102
15. TOTAL Liabilities (Line 24)	20,564,709		20,564,709
16. TOTAL Capital and Surplus (Line 33)	28,539,794	X X X	28,539,794
17. TOTAL Liabilities, Capital and Surplus (Line 34)	49,104,503		49,104,503
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CAN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
41		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					No	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
41.1		00000	38-2643070				Hospital Health Care .....	.. MI .	... NIA ..	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-3136458				McLaren Physician Partners .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-1358053				The McLaren Flint Foundation .....	.. MI .	... NIA ..	McLaren Regional Medical Center DBA McLaren Flint	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	45-5567669				McLaren Hospitality House .....	.. MI .	... NIA ..	McLaren Regional Medical Center DBA McLaren Flint	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2689603				McLaren Lapeer Foundation .....	.. MI .	... NIA ..	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-1369611				McLaren Port Huron .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2777750				McLaren Port Huron Hospital Foundation .....	.. MI .	... NIA ..	McLaren Port Huron	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2683251				Marwood Manor Nursing .....	.. MI .	... NIA ..	McLaren Port Huron	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2467310				Parkview Property Management .....	.. MI .	... NIA ..	McLaren Port Huron	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2491659				Willow Enterprises .....	.. MI .	... NIA ..	McLaren Port Huron	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2988086				McLaren Medical Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-3267121				Mid-Michigan Physicians .....	.. MI .	... NIA ..	McLaren Medical Group	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Health Management Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	46-3643089				Hospice and Homecare Foundation .....	.. MI .	... NIA ..	Visiting Nurse Services of Michigan DBA McLaren Health Management Group	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
	4700 McLaren Health Plan	95562	38-3252216				McLaren Health Plan .....	.. MI .	... NIA ..	McLaren Integrated HMO Group	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
	4700 McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community .....	.. MI .	... DS ..	McLaren Health Plan	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
	4700 McLaren Health Plan	00000	91-2141720				Health Advantage Inc. ....	.. MI .	... DS ..	McLaren Health Plan	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000					McLaren Insurance Company LTD. ....	.. CYM .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
	4700 MDWise	95807	35-1931354				MDWise .....	.. IN .	... NIA ..	McLaren Integrated HMO Group	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	47-3192307				MDWise Medicaid Network .....	.. IN .	... NIA ..	McLaren Integrated HMO Group	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	82-4449304				McLaren Integrated HMO Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-3426063				McLaren Caro Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
		00000	38-2422995				Caro Community Hospital McLaren Caro Region Foundation .....	.. MI .	... NIA ..	McLaren Caro Region	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
.....	00000	81-3487385	.....	.....	.....	CCH Holdings Inc. ....	.. MI .	... NIA ..	McLaren Caro Region	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
.....	00000	38-1474929	.....	.....	.....	McLaren Thumb Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
.....	00000	34-4428232	.....	.....	.....	McLaren St. Luke's Hospital .....	. OH .	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....
.....	00000	61-1528443	.....	.....	.....	Wellcare Physician Group .....	. OH .	... NIA ..	McLaren St. Luke's Hospital	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... No ...	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	... 382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	... 12,280,538	.....	.....	.....	... 12,280,538	.....
.. 95848 ..	.. 38-3383640 ..	MCLAREN HEALTH PLAN .....	.....	.....	.....	.....	... 6,957,035	.....	.....	.....	... 6,957,035	.....
.....	... 38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	... 12,701	.....	.....	.....	... 12,701	.....
.....	.. 91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	.. (11,945,066)	.....	.....	.....	.. (11,945,066)	.....
.. 14217 ..	.. 27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	.. (4,408,301)	.....	.....	.....	.. (4,408,301)	.....
.. 95807 ..	.. 35-1931354 ..	MDWISE INC .....	.....	.....	.....	.....	... 91,328,836	.....	.....	.....	... 91,328,836	.....
.....	.. 82-4449304 ..	MCLAREN INTEGRATED HMO GROUP .....	.....	.....	.....	.....	... 25,991,613	.....	.....	.....	... 25,991,613	.....
.....	.. 47-3192307 ..	MDWISE MEDICAID NETWORK .....	.....	.....	.....	.....	.. (120,217,354)	.....	.....	.....	.. (120,217,354)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: 0

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of ControlAffiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of ControlAffiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company							
McLaren Health Plan	McLaren Integrated HMO Group	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No
McLaren Health Plan Community	McLaren Health Plan	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No
Health Advantage Inc	McLaren Health Plan	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No
MDwise, Inc	McLaren Integrated HMO Group	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	No

AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LHA Guaranty Association Reconciliation



14217202129000000

2021

Document Code: 290

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Professional Development	67	288	1,010		1,365
2505. Bad Debt Expense	1,593	6,792	23,866		32,251
2506. Claims Adjustment Expense	212	904	3,175		4,291
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,873	7,983	28,051		37,907

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2021
(To be filed by March 1)
FOR THE STATE OF MICHIGAN



NAIC Group Code: 4700
Address (City, State and Zip Code): Flint, MI 48532
Person Completing This Exhibit: Autumn Dortch

NAIC Company Code: 14217
Title: Financial Analyst
Telephone Number: (810)244-1672

Supp360 Michigan

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020, 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
..... Yes	MCLH-131185330 .....	..... A .....	... No ...	..... 3,4,6 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement .....	.....	.....	.....	.....	..... 731 .....	..... 940 .....	..... 128.7 .....	..... 1
..... Yes	MCLH-131185330 .....	..... C .....	... No ...	..... 3,4,6 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement .....	.....	.....	.....	.....	..... 99,982 .....	..... 162,092 .....	..... 162.1 .....	..... 28
..... Yes	MCLH-131185330 .....	..... D .....	... No ...	..... 3,4 .....	. 12/20/2018 .....	.....	. 12/10/2018 .....	.....	McLaren Medicare Supplement .....	.....	.....	.....	.....	..... 43,091 .....	..... 44,254 .....	..... 102.7 .....	..... 19
..... Yes	MCLH-131185330 .....	..... F .....	... No ...	..... 3,4 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement .....	.....	.....	.....	.....	..... 233,133 .....	..... 189,772 .....	..... 81.4 .....	..... 122
..... Yes	MCLH-131185330 .....	..... F .....	... No ...	..... 3,4 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement - High Deductible .....	.....	.....	.....	.....	..... 839 .....	.....	.....	..... 1
..... Yes	MCLH-131185330 .....	..... G .....	... No ...	..... 3,4 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement .....	.....	.....	.....	.....	..... 219,878 .....	..... 213,182 .....	..... 97.0 .....	..... 151
..... Yes	MCLH-131185330 .....	..... G .....	... No ...	..... 3,4 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement - High Deductible .....	.....	.....	.....	.....	..... 730 .....	.....	.....	..... 1
..... Yes	MCLH-131185330 .....	..... N .....	... No ...	..... 3,4 .....	. 10/11/2017 .....	.....	. 12/11/2018 .....	.....	McLaren Medicare Supplement .....	.....	.....	.....	.....	..... 25,196 .....	..... 16,635 .....	..... 66.0 .....	..... 18
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	..... 623,579 .....	..... 626,875 .....	..... 100.5 .....	..... 341
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: G-3245 Beecher Road, Flint MI 48532
 - Contact Person and Phone Number: Vicki Laney (810)733-9724
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: G-3245 Beecher Road, Flint MI 48532
 - Contact Person and Phone Number: Vicki Laney (810)733-9724
- Explain any policies identified above as policy type "O":